U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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1 File Number U - 75/1/

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.E. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

Name and address of person filing  Name Vohon James Kazarian  Nome U.A. Plumbers & Pipefitters Laber Organization File Number Local No. 38  Laber Organization File Number Local No. 38  P.O. Box, Bidg., Room No., if any  Street 1621 Market Street. San Francisco, CA 94103  City  State ZIPCode+4  State ZIP Code+4  State ZIP Code+4  State ZIP Code+4  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except see specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions funduding foans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  P.O. Box, Bidg., Room No., if any  Street  City  State ZIP Code+4  Signature  15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of tundersigned's from edge and belief, true, correct, and complete. (See the section on penalties in the numbers of the signatory and is, to the best of tundersigned for provedage and belief, true, correct, and complete. (See the section on penalties in the numbers of the signatory and is, to the best of tundersigned for provedage and belief, true, correct, and complete. (See the section on penalties in the numbers of the numbers of Telephone Number  Form LM-30 (2003)	<b>/</b> - <b>/</b> /	01 / 01 / 04 Through: 12 / 31 / 04
P.O. Box, Bidg. Room No. Many  Street 1621 Market Street. San Francisco, CA 94103  City  State ZIP Code + 4  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other sconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  Signature  15. Signature and verification. The undersigned declares, under penalty of Pepiny and other applicable penalties of the law, that all of the information submitted in this report (including trade normanied in any accompanying documents), has been examined by the signatory and is, to the best of durindersigned Showledge and balls, flux. Overect, and complete. (See the section on penalties in the instructions.)	3 Name and address of person filing	4 Name, file number, and address of labor organization
P.O. Box, Bidg., Room No., if any  Street 1621 Market Street. San Francisco, CA 94103 City State ZiP Code + 4 State ZiP Code + 4 State ZiP Code + 4  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including foans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any):  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  City State ZiP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Pesjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of it undersigned's throwledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Warman and the instructions.  P.O. Box, Bidgle, Room No., if any  Tibe penalties in the instructions.  The information contained in any accompanying documents), has been examined by the signatory and is, to the best of it undersigned's throwledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Vohon James Kazarian	Labor Organization File Number Local No. 38
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5. Position in labor organization.  Business Agent  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if ary),  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of it undersigned's howyedge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  On S. B. O. Telephone Number	San Francisco, CA 94103	San Francisco, CA 94103
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Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  On S. B. U.J. 415-626-2000  Date  Telephone Number	monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-03  Date  Telephone Number	Name and address of Employer (including trade name, if any),	
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-05  Date  Telephone Number	Name	* '/
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-05  Date  Telephone Number	Trade Name, if any:	
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-05  Pate  Telephone Number	P.O. Box, Bldg., Room No., if any	
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Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-03  415-626-200  Telephone Number	Street	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-03  405-6-26-7-00-0  Telephone Number	City	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-03  #15-6-2-6-2-6-6  Telephone Number	State ZIP Code + 4	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's showledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8-8-01  Date  Telephone Number	Sig	nature
	<ul> <li>submitted in this report (including the information contained in any accompan</li> </ul>	lying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)
	Signed ////	on 8.8.05 415-626-2000
Form LM-30 (2003)	Signed Villam from Italian	Date Telephone Number
	Form LM-30 (2003)	Page

Dinner - 12/2/04

14.b. Amount of payment.

\*\*\* See Attached \*\*\*

\$6,085.86

City

State

Street 1625 Market Street.

13.b. Is the Business an Employer Yes

San Fra/c500, CA

94104

ZIP Code + 4

or Consultant

?

\$80.00 Approx.

## 3.) Board of Trustees -- Lunches

1/22/04 - \$57.26

4/22/04 - \$58.53

7/22/04 - \$44.37

10/12/04 - \$51.70

TOTAL = \$211.86